

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
Roanoke Division**

LORENZA G. FEREBEE, JR.,

Plaintiff,

v.

CASE NO. 7:19-cv-00628

WARDEN C. MANIS, *et al.*,

Defendants.

AFFIDAVIT

State of Virginia, County of Wise, to-wit:

C. COLLINS, R.N.C.A., first being duly sworn, states as follows:

1. I am a Registered Nurse at Wallens Ridge State Prison ("Wallens Ridge").
2. The information contained in this affidavit is based on personal knowledge and records maintained in the regular and ordinary course of business.
3. I am generally aware that Lorenza Ferebee, #1072698, has filed litigation in which he claims that he has been exposed to black mold in Wallens Ridge's B-1 housing unit since his arrival at this facility in February 2019.
4. A review of Ferebee's medical progress notes indicates that since his arrival at Wallens Ridge, Ferebee's primary medical concerns have been facial acne and hypertension. He has not been seen by medical staff for any complaints regarding breathing problems, shortness of breath, hurting lungs, coughing up blood or mold/mildew in his housing unit. A copy of the

relevant portion of Ferebee's medical progress notes is attached as Enclosure A.

C. COLLINS, R.N.C.A.

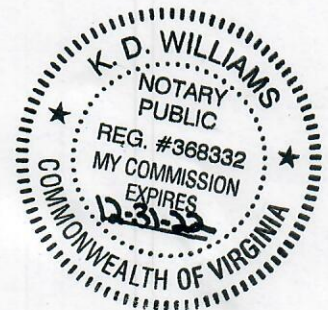
Charity Collins R.N.C.A.
Affiant

Sworn and subscribed to before me, a Notary Public, in and for the State of Virginia,
County of Wise, on this 3rd day of April, 2020.

Kimberly D. Williams
Notary Public

My commission expires:

December 31, 2022



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility:

Wallens Ridge State Prison

Offender Name:

Ferebee

Lorenzo

Number:

1072698

Last

First

Date/Time	Complaint and Treatment	Signature and Title
8-8-19 2205	Venipuncture performed to LAC to obtain lab specimen as ordered. Aseptix technique & universal precautions observed. No abnormal bleeding or bruising noted. Bandaid applied. Tolerated well. <i>[Signature]</i>	
8/12/19	QSCUD with 3.4% <i>[Signature]</i>	
11-25-19 700 AM	C - facial acne D - offender seen at cell door for sick call. Bleeds - gait A+O. Signs of distress. Complaint of break out over face. Large areas of cystic acne noted over face. Broken areas noted but offender states he has been "picking" at skin. No bleeding or drainage. i - verbal order from Dr. Smith for Doxycycline 100mg : cap po BID x 30 days and Ibuprofen 200mg : cap po x 7 days <i>[Signature]</i>	
11-25-19	Offender has allergy to minocycline. Previous order discontinued & changed to Clindamycin 150mg : cap po BID x 10 days. <i>[Signature]</i>	<i>[Signature]</i>
11/25/19 1251 PM		
11/26/19 6:25 PM		

Revision Date: 2/23/07

Enclosure A

Chronic Disease Clinic Follow-Up

Inmate Name: <u>Schubert, Lamonzo</u>	Institution: <u>WRSP</u>
Number: <u>1072698</u>	

List chronic diseases:

1) <u>HTN</u>	3) _____	5) _____
2) _____	4) _____	6) _____

Attach pharmacy profile or list current medications:

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain $\downarrow \uparrow$ #lbs _____
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

Patient adherence (Y/N): with medications? 98% with diet? 87% with exercise? 96%

Vital signs: Temp 98.6 BP 110/70 Pulse 87 Resp 17 Wt 171 PEFR _____ INR _____

Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE:

HEENT/neck: <u>clear</u>	Extremities: <u>no edema</u>
Heart: <u>clear</u>	Neurological: <u>normal</u>
Lungs: <u>clear</u>	GU/rectal: <u>normal</u>
Abdomen: <u>soft</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: BP, Lipids

Diagnostics: _____

Labs: _____

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: ☒ Nutrition ☒ Exercise ☐ Smoking ☐ Test results ☐ Medication management ☐ Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? ☐ 90 ☐ 60 ☐ 30 ☐ Other: PRN Discharged from CCC: [name] _____Advance Level Provider Signature: _____ Date: 7/29/19

Health Services Complaint and Treatment Form 20_F17_7-12

1072698

First

Signature and Title

Revision Date: 2/23/07



VIRGINIA
DEPARTMENT OF CORRECTIONS

Intra-system Transfer Medical Review, DOC 726-B 720_F9_10-18

Intra-system Transfer Medical Review, DOC 726-B

Offender Name Ferebee Lorenzo		Offender Number 1012098	Release Date 8/23/32	Transfer Date 2/27/19
Received At WRSP	Received From ROSP	# Medical Charts Sent 1	Allergies NKDA	
Medical Code A9	Location Code A	Mental Health Code MH 1	Last HIV (Date and Results) 2-5-08 NR	
Last TST (Date and Results) 3-8-18 Imm		Date of last Tetanus Diphtheria or Tetanus, Diphtheria, Pertussis (Td or Tdap) 10-23-11		

Vital Signs

Special Diet

Temperature: 92.6	Pulse: 82	Respiration: 18	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Weight: 170	Blood pressure: 141/76	Type: _____	Date: _____

Current Medications

Drug	Amount Sent	Drug	Amount Sent
1. HCTZ 25mg	56	5. _____	
2. _____		6. 2/27/19	
3. _____		7. _____	
4. _____		8. 3/12/19	

Disability (Explain):

None

Current Medical/Dental Problems:

HTN, Pt has sickle cell trait

Mental Health Screening:

- Present suicidal ideations? ☒ No ☐ Yes: **Pt Denies all**
- History of suicidal behavior/self directed violence? ☒ No ☐ Yes: _____
- Presently prescribed psychotropic medications? ☒ No ☐ Yes: _____
- Any current M. H. complaints? ☒ No ☐ Yes: _____
- History of inpatient/outpatient mental health treatment? ☒ No ☐ Yes: _____
- Current mental health treatment? ☒ No ☐ Yes: _____
- Any recent use of alcohol or drugs (frequency, amount, last use)? ☒ No ☐ Yes: _____
- Any history of substance abuse? ☒ No ☐ Yes: _____
- Any history of substance abuse disorder treatment? ☒ No ☐ Yes: _____
- Observed symptoms of Psychosis ☐ Depression ☐ Anxiety ☐ Aggression ☐ **None noted**

Pending Appointments:

None

Overall Comments: (i.e. - general appearances & behavior, level of consciousness (alertness, orientation) physical deformities, abuse, trauma, etc.)

Pt APOX, No acute distress, trauma, or deformity. Needs functionally appropriate

Medical Disposition of Offender:

General Population: ☒ GP with Health/MH Referral: ☐ Intake/Reception: ☐ Intake/Reception with Health/MH Referral: ☐
Infirmary: ☐ Medical Observation Unit: ☐

Emergency referral for MH Care: _____ Date: _____ Time: _____
(Name of QMHP notified)

Referral for Emergency Treatment: _____

Nurse Signature/Date:

[Signature]

Medical Handout Orientation Issued: **yes**

Dental Hygiene Handout Issued: **yes**



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility:

Wallens Ridge State Prison

Offender Name:

Fenehee,

Bernard

Number:

1572698

Last

First

Date/Time

Complaint and Treatment

Signature and Title

3-11-20

772

98.0

82nd

98%

12/6/19

Prison DC + some
No effect Doseage /
Face -> muscle to area eyes
Nose, forehead area.
leg -> severe

A-Chronic - some of the stuff?

P. 10 down.

ADAM
3-11-20

DC Doseage not felt

	G	F	E	N	A	I	S	W	N	A
1 HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Plan/Orders:

Medication: _____

Diagnostics/Procedures: _____

Labs: _____

Special needs: _____ Work Code _____

☐ Administer Influenza vaccine ☐ Administer Pneumonia vaccine

Monitoring: BP: _____ X day/week/month Accucheck: _____ X day/week/month Peak flow: _____

Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? ☐ Yes ☐ No ☐ N/AEducation provided: ☐ Nutrition ☒ Exercise ☐ Smoking ☐ Test results ☒ Medication management ☒ Lab results
☐ Disease process

Referral: (list type & priority level): Specialist: _____

Days to next visit? ☐ 1 year ☒ 180 ☐ 90 ☐ 60 ☐ 30 ☐ Other: _____

Additional information:

A CT2 25 mg x 7 days
 a BMP/Lipid June 2020
 [Signature]

Provider Signature: [Signature]

Date: 1-16-20

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility:

WALLENS RIDGE STATE PRISON

Offender Name:

Ferebee
Last

Lorenzo
First

Number: 1072098

Date/Time	Complaint and Treatment	Signature and Title
1-1-20 0750	C. "acne"	
12/4/82 80 98.1	O. Offender seen at NSC. Offender has acne on both sides of face small some large bumps Should "be" on antibiotics but they ran out. "Refused" antibiotics did not help. T. Refr 40 mo.	
1/16/20 0805 173	F/H Pimples tomatoes in acne. Also have acne on back	
97.7 132 72	Discusses Acne. not tomatoes / Back related facial Acne @ should let s. / AS T	
85 9890	A - Acne facial	
1-16-20 2020 RCH 1/16/20 1530	oxyacne 100 mg BID x 14 days then 100 mg x 90 days After 2 months	